<u>Patent Application</u>

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Applicant:	Wayne K. Kaim	Date:	June 3, 2004	**RECEIVED**	
Date Filed:	February 9, 2002	Docket No.:	KAIMAS-6	**JUN 1 5 2004**	
Appln. No.:	10/072,863	Art Unit:	1713	**TC 1700**	
For:	PAPER CLEANING BUFF	Examiner:	THERSA T. SNIDER		

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated March 4, 2004, please amend the application as follows:

Please type a plus sign (+) inside this box → ⊞

TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Application Number	10/072,863
Filing Date	February 9, 2002
First Named Inventor	Wayne K. Kaim
Group Art Unit	1713
Examiner Name	
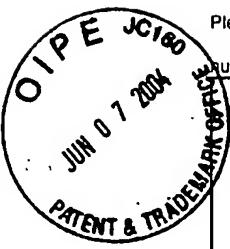
RECEIVED
JUN 15 2004
TC 1700

Total Number of Pages in This Submission		Attorney Docket Number	KAIMAS-6

☒ Fee Transmittal Form

☒ Fee Attached

☒ Amendment / Response

☐ After Final

☐ Affidavits/declaration(s)

☐ Extension of Time Request

☐ Express Abandonment Request

☐ Information Disclosure Statement

☐ Certified Copy of Priority Document(s)

☐ Response to Missing Parts/ Incomplete Application

☐ Response to Missing Parts Under 37 CFR 1.52 or 1.53

☐ Assignment Papers *(For an Application)*

☐ Drawing(s)

☐ Licensing-related Papers

☐ Petition Routing Slip (PTO/SB/69) And Accompanying Petition

☐ To Convert a Provisional Application

☐ Power of Attorney, Revocation Change of Correspondence Address

☐ Terminal Disclaimer

☐ Small Entity Statement

☐ Request for Refund

☐ After Allowance Communication To Group

☐ Appeal Communication to Board Of Appeals and Interferences

☐ Appeal Communication to Group *(Appeal Notice, Brief, Reply Brief)*

☐ Proprietary Information

☐ Status Letter

☐ Additional Enclosure(s) *(Please identify below):*

Remarks

Please charge any additional amount due in connection with this communication, or credit any overpayment, to deposit account number 15-0660. A duplicate copy of this letter is enclosed.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm *or* Individual name	Stephen J. Roe, Reg. No. 34,463
Signature	
Date	June 3, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313-1450 on this date: on this date:

Typed or printed name	Stephen J. Roe, Reg. No. 34,463		
Signature		Date	June 3, 2004

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JUN 0 7 2004
PATENT & TRADEMARK OFFICE
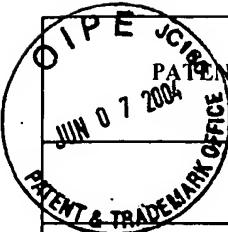
PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number: KAIMAS-6
App. No.: 10/072,863

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE		RATE	FEE
BASIC FEE					OR		$760.00
Total Claims	12 minus 20 =	0	x $9 =		OR	x $18 =	
Independent Claims	4 minus 3 =	1	x43 =		OR	x 86 =	
MULTIPLE DEPENDENT CLAIM PRESENT			+130 =		OR	+260 =	
*If the difference in column 1 is less than zero, enter "0" in column 2.			TOTAL		OR	TOTAL	$760.00

CLAIMS AS AMENDED - PART II

		(Column 1)		(Column 2)	(Column 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
		Claims Remaining After Amendment		Highest Number Previously Paid For	Present Extra	Rate	Additional Fee		Rate	Additional Fee
AMENDMENT A	Total	22	Minus	20	2	x $9.00 =	$18.00	OR	x $18.00 =	$36.00
	Independent	8	Minus	4	4	x $43.00 =	$172.00	OR	x $86.00 =	$312.00
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+ =		OR	+ =	
						Total Addit. Fee	$190.00	OR	Total Addit. Fee	$348.00

		(Column 1)		(Column 2)	(Column 3)	Rate	Additional Fee	OR	Rate	Additional Fee
		Claims Remaining After Amendment		Highest Number Previously Paid For	Present Extra					
AMENDMENT B	Total	0	Minus	**	0	x $ =		OR	x $ =	
	Independent	0	Minus	***	0	x =		OR	x =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+ =		OR	+ =	
						Total Addit. Fee		OR	Total Addit. Fee	

		(Column 1)		(Column 2)	(Column 3)	Rate	Additional Fee	OR	Rate	Additional Fee
		Claims Remaining After Amendment		Highest Number Previously Paid For	Present Extra					
AMENDMENT C	Total	0	Minus	**	0	x $ =		OR	x $ =	
	Independent	0	Minus	***	0	x =		OR	x =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					x =		OR	+ =	
						Total Addit. Fee		OR	Total Addit. Fee	

*If the entry in column 1 is less than the entry in column 2, write "0" in column 3
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Patent and Trademark Office; U.S., DEPARTMENT OF COMMERCE